

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

ATTORNEY/AGENT

10/552457

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL 1ST			↓		↓		TOTAL 1ST		↓		↓		
TOTAL 2ND			←		←		TOTAL 2ND		←		←		
TOTAL CLAMS			██████████		██████████		TOTAL CLAMS		██████████		██████████		

Best Available Copy